



APPLICATION FOR SELF INSURANCE ADMINISTRATOR'S EXAMINATION

The undersigned person hereby applies to take the Self Insurance Administrator's Examination:

Please Print

1. Name of Applicant: _____

Home Address: _____ Apt. No.: _____

City: _____ State: _____ Zip: _____

Daytime Phone: (_____) _____

2. Mail confirmation of examination and test results to the following address (if different from above):

Name: _____

Company Name: _____

Street Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

3. Identification Information on Applicant:

Driver's License No.: _____ Issuing State: _____

Social Security Number: _____

Pursuant to the Federal Privacy Act of 1974 you are hereby notified that it is a mandatory requirement to provide your Social Security Number. This information will only be used by the Office of Self Insurance Plans for identification purposes.

4. Testing Location Requested: ☐ Northern California ☐ Southern California

5. Attach application fee in the amount of \$100.00. Make check or money order payable to Self Insurance Plans. (Do not send cash.) Application fee is not refundable after Self Insurance Plans issues its confirmation of your application, seating you in the examination. Checks returned for insufficient funds will automatically result in rejection of your application and substitution of another candidate into your seat for the examination. Incomplete applications will not be accepted.

Original Signature of Applicant

Date: _____